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PEDICULI VESTIMENTORUM.

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IN spite of the veil of obscurity that has been thrown around the whole subject of cutaneous disease by theoretical writers and teachers, there is no branch of medical science that offers so clear and fair a page to the observer, if he only knows how to read it; but to be able to do so he must have studied his alphabet at the bedside and not in elaborate treatises. The effects produced on the skin by parasites and vermin constitute quite a large proportion of the cutaneous diseases, especially in those countries where the poorer classes live in great destitution and misery, as, for example, in the East; and undoubtedly many of the wonderful cases of diseases of the skin that are described as being common in eastern countries are due entirely to these causes.

One of the most common species of vermin that infests man is the *pediculus corporis*, or body louse. With us, where luckily even the poorest people are comparatively clean in their habits, it is not very frequently met with; but any one who served in our past war probably had an opportunity of becoming acquainted with the insect. Its presence is, however, often overlooked, as it is *never* found on the skin, but always on the clothes; so that a person may be almost eaten up by these vermin, and yet on stripping not one will be seen on him. When the clothes are taken off they crawl into the folds and under the seams, and unless one knows where to look for them even the clothes may be examined without effect. Hebra, who has opportunities in his wards of observing an immense number of such cases, insists very strongly on this fact, and on this account rejects the name of *pediculus corporis* and substitutes that of *pediculi vestimentorum*. Although they resemble in general appearance the *pediculi capitis*, they are distinct species, and never mingle with each other.

It has been noticed for a long time that persons who were infested

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with these vermin were also afflicted with various eruptions and disorders of the skin, and by that only too common process of putting the cart before the horse, the lice were supposed to be caused by the diseased condition of the skin. Some authorities even claimed that the vermin were spontaneously generated in the unhealthy skin; others were content with the supposition that they were particularly fond of diseased persons, and found on them a congenial habitation. This peculiar disease was called phtheiriasis. The truth of the matter is, that the lice are the cause of the cutaneous disorder and not the effect.

The appearances produced on the skin by the presence of these vermin have been described under the name of prurigo pedicularis; they are many, and there would be a great opportunity for one wishing to cover many pages, to give a minute and elaborate description of the different varieties, beginning with prurigo pedicularis papulosa or lichenodes, and going through prurigo pedicularis, eczematodes, impetiginodes, ecthymaformis, furunculosa, phlegmonodes, up to gangrenosa, and perhaps dividing each of these seven varieties into four subdivisions, as they happened to be found on a patient who was, or was thought to be, a victim of the scrofulous, syphilitic, herpetic, or arthritic diathesis.

The only manifestation on the skin which is directly caused by the louse, is a small red papule which appears immediately after the bite, and which itches very violently. If this is not scratched, it gradually loses its redness, and in the course of from twelve to twenty-four hours has disappeared entirely; if, however, the desire to scratch is not withstood, the hyperæmia and irritation last longer. All the various eruptions that are observed on the skin of persons infested with lice, except the small papules already mentioned, are caused by scratching; and no one who has not seen such cases can conceive how such patients tear themselves to pieces. It is not uncommon to see excoriations several inches in length, where the finger nail has dug down into the deep layers of the epidermis. The result of this continual irritation of the skin is an artificial eczema; pustules are formed where the skin is deeply wounded, circumscribed phlegmonous inflammation (furuncles) takes place, and in old cases certain parts of the skin are one mass of crusts, scabs and boils, with long excoriations covered with dried blood, where the nails have literally ploughed through the epidermis. As these insects never leave the clothes, it follows that those parts of the person that are uncovered, as the face, hands, and in poor persons the feet, will not be affected. Moreover, there are certain regions of the body that are more exposed to their bites than others, namely, those parts where the clothes are in closest proximity to the skin, such as the nape of the neck and shoulders, where the shirt lies in actual contact with the skin, and also the waist and loins. It is on these parts that we always see the greatest amount of disease. There is one

other very important characteristic of such a skin, and that is the pigmentation that takes place, some patients turning almost black. This is due to an increased amount of pigment in the rete mucosum, and is probably caused by the hyperæmic condition of the skin produced by the itching and scratching. We see many instances of chronic hyperæmia of the skin which are followed by pigmentation, as the dark patch which remains after a blister, the brown spots that remain after the disappearance of a chronic eruption, or more commonly still, the tanned appearance of the face after being exposed to the rays of the sun.

Often, round dark spots will be seen, of various sizes, with a white spot in the centre; these are the remains of furuncles, the dark periphery showing where the hyperæmic base was, and the white spot being new cicatricial tissue formed by the healing of the cavity left after the discharge of pus.

The general appearance, then, of a patient infested with lice may be summed up as follows. Evident marks of violent scratching on different parts of the body, especially on the shoulders and loins; various lesions of the skin in the same regions, from a papule up to large furuncles, and an irregular pigmentation of the skin, with some spots of a dark brown. With regard to the diagnosis, there can be no doubt when the lice are found; but as the patient may be seen after he has put on clean clothes, or may come in to a hospital for some other disease and have been put into a clean bed, it is important not to be dependent on the actual presence of the louse for the diagnosis.

As the manifestations of prurigo pedicularis on the skin are due to scratching, any trouble which causes violent itching must call forth similar appearances. Of the eruptions which are accompanied with violent itching, some, as eczema and herpes tonsurans, are so well marked in their characteristic lesions of the skin as to render the confounding them with prurigo pedicularis impossible; with others, on the other hand, the mistake might be more easily made. Such are pruritus, true prurigo, and scabies. In these the gross manifestations on the skin are due to the same cause as those of prurigo pedicularis, i. e., the finger nails. Luckily, however, we have a means of diagnosis in the different distribution of the cutaneous manifestations. Under the head of pruritus, Hebra describes those cases which consist in a violent itching without any visible lesion. It mostly occurs in old persons; hence by some writers it is called pruritus senilis. In some cases the irritation is very severe and the patients scratch themselves terribly, but the marks of scratching are impartially distributed over the whole body; whereas, as we have seen in prurigo pedicularis, they are much more marked on the shoulders and loins. The same may be said of those cases of great cutaneous irritation which are sometimes seen in patients who are jaundiced; here, however, in addition to the distribution, we have the yellow tinge of the skin and conjunctivæ to help us in our diagnosis.

In true prurigo the primary lesion consists of a small papule, and the secondary manifestations—excoriations, pustules, &c.—resemble those of prurigo pedicularis. But the regions preëminently affected are the lower parts of the legs, next the thighs, the abdomen, the forearms and arms. The bends of the joints are free, and the shoulders are very little affected. Moreover, it is a disease which *always* dates back to early childhood, if not to infancy. The skin of the lower extremities is thickened and dry, and communicates a peculiar, rough, dry feeling to the hand when rapidly rubbed over it. The inguinal glands are also always enlarged. As this disease is a terrible infliction to the victims of it, and is incurable, it is very important with regard to our prognosis not to confound it with prurigo pedicularis, which yields to the simplest means of cleanliness.

With regard to scabies, the presence of the acarus, or its burrow, gives us, of course, a sure diagnosis. But even without this, the differential diagnosis is not difficult. The parts especially affected in scabies are the abdomen and front part of the thighs and the nates, the legs and arms being comparatively free. Moreover, the secondary manifestations seem to take more of an eczematous character, and we rarely, if ever, see such excoriations and boils as we do in prurigo pedicularis. The characteristic pigmentation of the latter is also wanting.

From what has been said, it must be seen how important it is to become accustomed to the general appearance of a cutaneous disease by seeing the whole skin at once. Hebra insists on this point, and always strips his male patients entirely. In that way an idea of the different distribution of different diseases is obtained that no amount of description can give, and I am confident that any student who had followed Hebra's clinic for a month would, at first sight, have pronounced a case to be one of prurigo pedicularis, which was pointed out to me at the St. Louis, in Paris, as a specimen of the "ecthymofuruncular diathesis."

The treatment of prurigo pedicularis is most simple—remove the cause. From what has been said of the habits of the louse, it is evident that to do this nothing is necessary but to remove the clothes; and the use of parasiticides, as solutions of corrosive sublimate, mercurials, sulphur ointments, &c., as recommended in the books, is not merely superfluous but positively injurious, as they only increase the irritation of the skin. The clothes should be either boiled, or baked in an oven, at a temperature high enough to destroy the insects and their eggs; for this, 160°, the temperature at which albumen coagulates, is enough. The patient should have a few tepid baths for the sake of cleanliness, the crusts should be removed by emollient poultices or salves, and in a short time he will regain a normal epidermis, though the pigmentation will remain for some time.

That a knowledge of the appearances produced on the skin by vermin is not useless will, I think, be shown by the three following

cases. At a hospital in Paris, I saw what was called a typical case of Addison's disease. The patient had the discoloration of the skin, the cachexia, to a marked degree, the pains in the ileo-lumbar regions, which have been described as symptoms of that disease, and also an obstinate diarrhoea. The discoloration of the skin was nothing more than the result of lice, and the *interne* on service told me that the man was covered with vermin when admitted to the hospital; he also said that he had physical signs of a cavity at the apex of one lung. The man died, and by the politeness of the *interne* I saw the autopsy. There was a cavity in one lung; both were the seat of tubercular masses, and the whole of the intestine was studded with small ulcerations, but the supra-renal capsules were normal. Had there by chance been a tubercular mass found there as well as elsewhere, it would of course have gone down to posterity as another well-marked case of morbus Addisoni.

A short time afterwards, I saw a similar case at another hospital, on which one of the ablest young men in Paris lectured for an hour, as a case of Addison's disease. It was the more interesting, he said, from the fact that it was combined with vitelligo. What he pointed out as vitelligo were the small white cicatrices in the centre of dark pigmented spots, which were left by furuncles. The distribution of the pigment was such as to leave no doubt as to its having been caused by lice, and the patient told me afterwards that previously to entering the hospital he had lived in great misery and want, and had at that time been troubled with great itching of the skin. On a very imperfect examination, I found slight dullness and rudeness of respiration at the apex of one lung. Patient had had hæmoptysis and an obstinate diarrhoea. As he was still alive when I left Paris, I cannot say that there was no disease of the supra-renal capsules; but whether there was or not, it was evidently like the case previously mentioned—simply a case of tuberculosis in a person who had been infested with lice.

I was consulted last summer, in Paris, by a young gentleman who had just returned from a journey in the East and up the Nile. For six months he had been suffering with what he called a horrible cutaneous disease; he had been under treatment, and the physicians had told him that his blood was in a very bad state. He had taken arsenic for three months, at the end of which time his "digestion was so disturbed" that his treatment was changed, and he was put upon a course of belladonna. There was, however, no improvement, and he was very much discouraged about his health.

On examination, nothing was to be seen but marks of violent scratching; his legs, especially about the ankles, were covered with excoriations, pustules, scabs and furuncles. I told him that the only cause of his trouble was that he had been for a long time severely bitten by fleas, bedbugs, and perhaps other vermin. He said that the boats and hotels in the East were very filthy, but could not believe that

such results as he had on his skin could be produced by such causes, unless his blood were in a very unhealthy condition. As I felt sure that, having got away from the East, he would not be any more troubled, I gave him some simple soothing lotion and persuaded him to wait. On seeing him again, he told me that he began to think I might be right, as he had had a slight relapse, and on examining his clothes had caught a flea. I saw him a few days ago, perfectly well, and convinced that his troubles were not due to any mysterious disease of the blood.

In this case, a knowledge of the effects of vermin on the skin would have at least been useful to the following extent, viz., the waste of a large amount of arsenic would have been prevented.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

SEPT. 9th.—*Cases of Ascites*.—Dr. MORLAND reported the following cases of patients under his care at the City Hospital. The notes were furnished by Mr. R. H. Fitz, one of the Medical House Officers. In the first two patients, peritonitis followed *paracentesis abdominis*.

CASE 1.—*Ascites; Peritonitis after Tapping; Fatty Degeneration of the Kidneys*.—Emma Y., a cook, 28 years old, entered the hospital on the 27th of April, 1867. She was of dissolute habits, and confessed having had a child, although unmarried. She acknowledged indulgence in spirituous liquors, and had a broken-down, dissipated aspect. Her statement was, that, in December, 1866, she caught cold, and dyspnoea, with cough, followed. She was able, however, to do her usual work, until about the first of April, 1867, when dropsical swelling first appeared. Sharp pain was felt, at this time, in the lumbar region. No hæmaturia is reported. Nausea, vomiting, and a certain amount of delirium supervened. Œdema began in the feet; and, in the course of a week, the legs and abdomen were swollen. During the two weeks just preceding her admission, the right arm and chest have become much enlarged. She lies, constantly, upon the right side, and has done so for several weeks—decubitus on the left side causing sharp pain in the left lumbar region. Her appetite is good, but the ingestion of food excites nausea and vomiting. At times, the patient is dizzy, but no complaint is made as to the eyesight. The catamenia were regular until two months before the dropsy appeared; since then, there has been persistent leucorrhœa.

At the time of her entrance into the hospital, her respirations were 32 in the minute, her pulse 120. The right arm and the right side of the chest were œdematous, pitting deeply on pressure; there was ascites, and the legs were œdematous. Two small ulcerations on the calf of right leg, caused by distention, gave rise to a copious flow of serous liquid. Left chest healthily resonant; right somewhat dull. Respiratory sounds normal in left lung; feeble at the base of right

lung, and accompanied by coarse crepitant râles. *Heart*.—Mitral systolic souffle, heard loudest over the apex, and masking the first sound. *Urine*.—Under the microscope, hyaline, and faintly granular, casts were seen; also abundant renal and club-shaped epithelium. An immense amount of crystalline urates observed. The urine was examined three or four times, with the same result.

Treatment.—Numerous dejections were at once procured by means of the bitartrate of potash and powder of jalap. A solution of the bitartrate was allowed freely as a drink; and also six ounces of sherry wine, daily, with such nourishment as she could take, her prostration being extreme.

May 3d.—The abdomen was tapped, two inches below the umbilicus, and twelve pints of a clear, yellow fluid were withdrawn, giving great relief to the respiration, which had been very difficult. On the following day, there was marked abdominal pain. At 5 o'clock, A.M., May 6th, Mr. Fitz was called to the patient, and found her breathing easily, with internal strabismus, the eyes seeming to protrude from the orbits—her expression was extremely anxious—almost wild. A serous fluid was exuding from the orifice made by the trocar. Pulse very quick and feeble; hands cold, legs warm. Patient complained of loss of sight. The tongue could be protruded in a straight line. On putting direct questions to her, she returned rational answers; but almost immediately she would wander, and mutter incoherently in a low tone. Stimulants were ordered. At the regular morning visit, patient was in a state of collapse; the respirations long-drawn and irregular; pulse imperceptible; extremities cold and livid; complete insensibility; moribund. Death took place shortly after the visit.

The case is chiefly noticeable on account of its rapidity and severity, the patient having been only nine days in the hospital, and about five weeks off from her usual employment.

The necroscopic examination was made by Dr. Swan, at 4 o'clock, P.M., of May 7th, and his statement is appended. Nothing is reported, as noticed in the heart, to account for the distinct souffle persistently heard during life; which is rather remarkable, since it can hardly be supposed to have arisen from any peculiar blood-condition, or to have been a mere functional phenomenon. The same is true with regard to the internal strabismus, observed on the last day of patient's life; there was nothing explanatory found in the brain. It may, perhaps, be regarded as a mere accompaniment of the moribund condition, without special significance; it cannot be referred to any apparent cause.

Post-mortem Appearances.—Moderate emaciation. Face somewhat livid. Some hypostatic discoloration. But little rigor. Abdomen distended and tympanitic. *Head*.—Membranes rather moist, but no very abnormal amount of serum, anywhere. Vessels of pia mater, over hemispheres, and at base, rather turgid. Choroid plexus anæmic. Puncta cruenta distinct. *Lungs*.—Both lungs showed some dark, hypostatic congestion, but were otherwise not remarkable. Moderate, rather firm adhesions on both sides. Hydrothorax in both cavities, particularly the right, to the aggregate amount, by estimate, of three and a half quarts. *Pericardium and heart* well. The latter contained only soft, black coagula. *Abdomen*.—General peritonitis. Marked, dif-

fused redness and apparent thickening of the anterior portions of the parietal membrane, particularly on the right side. The surfaces of the intestines, which were moderately adherent by fibrinous exudation, were painted, here and there, with a vivid, rather deep, red. In the whole sac, there were about four pints of serum. *Liver* rather dark. *Gall-bladder* filled with dark viscid bile. *Kidneys*.—Slightly below the normal size; cones deeply congested; cortex perhaps a little thin; by microscope seen to be in a state of fatty degeneration. The capsules separated with abnormal readiness, slipping back on both sides under the grasp of the towel, when the usual longitudinal section was made. The *stomach* contained thin, blackish, almost bloody looking fluid. Intestines much distended by gases; they appeared otherwise well. *Bladder*.—Not remarkable; it contained a small quantity of urine.

CASE II.—*Ascites; Peritonitis after Tapping; Disease of the Liver and Kidneys; Enlarged Spleen*.—George G., 30 years old, hostler, entered the City Hospital, May 2d, 1867, with ascites. No hereditary tendency to disease ascertainable. Patient is not, and never has been, addicted to the use of intoxicating liquors. He always had good health until two years ago, at which time he was employed on board a Pacific mail steamship, running between San Francisco and the Isthmus of Panama. Two months after entering upon his duties he experienced severe pain, referred to the lower portion of the sternum, and which persisted for about four weeks. There were night-sweats, jaundice and clay-colored stools. There was never any pyrexia in his case. After recovering from this attack, he came to the North, and has been neither strong nor in good health since. One year ago, he again passed clay-colored feces. Dropsical swelling began three months since; first over the right malar bone. The legs, feet and abdomen then became, successively, enlarged. Four weeks ago, the ascites having greatly increased and being very troublesome, the trocar was introduced, and fifteen quarts of a clear, yellow fluid were removed. A week ago, light-colored stools re-appeared; and were attributed, by the patient, to eating two lemons, daily, during the preceding two weeks. For the past three weeks he has had two, and sometimes three dejections daily; they were not watery; the amount of each discharge was less than normal.

Patient's appetite has been excellent throughout. No headache, vertigo, troubled vision, nor hæmorrhoids. In the course of the past few days, he has complained of griping pains, referred to the lower part of the abdomen, and has said that his legs felt "numb."

When first visited at the hospital, he was in bed; the face a good deal emaciated and of a jaundiced hue. Sclerotics clear, white. Respiration easy; pulse 96, feeble. Tongue moist and clean. No thirst. Quantity of urine small, not high-colored. There was good resonance over the lungs; cardiac dulness not increased. Respiratory sounds heard below the inferior angles of the scapulæ. No souffle heard in cardiac region. Abdomen greatly enlarged, not œdematous. Superficial veins readily seen. Intestinal resonance strongly marked at the epigastric region, less intense in umbilical and hypogastric divisions. Dulness at the flanks. Fluctuation throughout. The boundaries of the liver and spleen could not be accurately defined. Legs and feet

œdematous. Right leg more swollen than left. All examinations of the urine furnished the same results as that first made, viz., no albumen nor casts.

There was so much dyspnoea and discomfort, two days after patient's entrance, that tapping was again resorted to, and twenty-three pints of a clear, yellow fluid were removed.

May 6th.—There being now an opportunity for palpation, &c., it was ascertained, on percussion, that there was a doubly increased area of dulness in the splenic region; over the hepatic region the area of dulness was diminished. The liver lay entirely beneath the ribs and cartilages, except at the right edge of the sternum, where it could be felt.

May 15th.—A sharp, fixed pain was complained of, referred to the small of the back.

16th.—Dejections costive. *Erysipelas* has appeared on the left side of the face. The patient had an attack of this, he states, just before the first supervention of the ascites. The throat is now somewhat painful, and has an erysipelatous look.

The erysipelas gradually extended downwards. On the 20th of May the scrotum became swollen, red, excoriated, and very painful. The chief complaint at this time was of the scrotal enlargement and soreness. A suspensory bandage was applied, and gave great relief. The erysipelas finally covered the lower limbs.

27th.—Legs very painful. Pulse 120, very weak. Expression of countenance indicative of great anxiety and suffering. Eats but very little. Bowels constipated. At evening visit, the cornea was glazed, the pulse extremely weak.

28th.—Patient had failed slowly through the night; is quite unconscious this morning. Pulse cannot be counted; extremities cold. He died at 1 o'clock, P.M.

The treatment, throughout, was of a supporting character. As much nourishing food was allowed as the patient could take. Citrate of iron and quinine was given. Solution of bitartrate of potash as a drink. Also ale, gin, and sherry, at different times. Constipation was relieved by a powder containing, as its chief ingredients, calomel and bitartrate of potash.

The *post-mortem* examination was made by Dr. Swan, May 29th, 1867, nineteen hours after death, and his account is appended.

"The organs were removed by Mr. Fitz, whose report of the appearance of things *in situ*, &c., is embodied in the following account. Very marked lividity of depending portions of body. Grumous discharge from mouth. *Thorax*.—Lungs collapsed readily when the cavity was opened. Apices free. Two or three pleuritic adhesions on the right side, old. Small amount of bloody fluid in left cavity. No tubercular disease of note. *Heart* well. Half a pint of yellow serum in pericardium. No evidence of inflammation. *Abdomen* very much enlarged. Serum spurted from a small incision in hypogastrium. Twenty-seven pints, in all, removed. Numerous flocculi present. General peritonitis. The intestines were glued together, the parietal peritoneum was thickened, and the upper surface of the liver was covered with a white, thickened peritoneal investment. No local congestion. The orifice made by the trocar had closed. *Liver* did not project beyond cartilages. It was flat, flaccid; thin edged and

tough. It was not friable, nor was it cut easily. Its surface was distinctly uneven, but not hob-nailed. Surface of section faintly mottled with yellowish circlets of various sizes, the largest one fourth of an inch in diameter. Many cells were fatty. *Spleen* very large and firm. Weight, one pound and three fourths. *Kidneys*.—The *right* kidney rather above the normal size, smooth, pale, with easily separated capsule. The epithelium was well preserved, considering its highly fatty condition, much of it precisely resembling that from a moderately fatty liver. Among the rest were here and there perfectly healthy nucleated cells. The *left* kidney was considerably below the normal size, darker colored than the right. Cortex somewhat atrophied, and a decidedly wavy outline of the section. The capsule adhered slightly. Fatty degeneration less well marked than in the other kidney, with a larger proportion of healthy cells, although some sections showed a granular breaking up of tissue, which made the outline of distinct tubuli very difficult to trace in those parts. *Pancreas* and other organs, as far as examined, healthy. *Bladder* firmly contracted upon a few ounces of urine."

CASE III.—*Ascites; Cardiac and Hepatic Disease*.—Timothy C., an Irish blacksmith, 24 years old, entered the hospital May 22d, 1867. He had been four years in this country; by his own statement, his habits were correct, but, after his death, his sister said that, during three months, a year or two since, he was a "hard drinker." An attack of ascites, at that time, induced him to reform. The dropsy soon disappeared.

The history of the illness for which he entered the hospital is as follows:—The first symptoms, shortness of breath, loss of appetite and slight cough, came on three weeks ago. The abdomen gradually enlarged, finally the feet and legs became oedematous, and, at times, the face would be swollen. During the past week, the patient has complained of soreness at the upper part of the abdomen. There has never been any palpitation of the heart, nor any pain in the cardiac or renal regions. Skin cool and dry. Respirations, 24 in the minute. Pulse irregular, very feeble—so much so as to render it impossible to count it. Tongue natural, appetite nearly null. Bowels regular; urine high colored and scanty; no albumen nor casts detected at any of the several examinations made. Patient has never had rheumatism; and no hereditary predisposition to disease of any sort can be traced.

On examination by percussion and auscultation, the left chest was found dull at the base. The right chest was sufficiently resonant. Area of cardiac dulness much increased. Crepitant râles heard at the base of each lung. There was never any cardiac murmur heard during the patient's stay in the hospital.

The abdomen was much enlarged; resonant above, dull at the flanks; fluctuation throughout. Hepatic boundaries cannot be made out. *Diagnosis*.—Hepatic disease; hydropericardium.

May 23d.—Pulse 108; counted with extreme difficulty; its other characteristics, the same. Patient feeble. Cream of tartar water was ordered as a drink; the cardiac region was painted over with the tincture of iodine, and ten drops of the tincture of the chloride of iron directed, three times a day. During the succeeding week, the patient had sleepless nights, and complained greatly of cough and of some pain in his left side. Sonorous and coarse crepitant râles were heard. Cough mixtures, with anodynes, were prescribed.

28th.—The abdomen measured 42 inches in circumference; in health, he stated it to measure about 36 inches. Tapping was not resorted to, the dyspnœa not being extreme. There was no especial change in the patient's condition until June 8th, when bloody expectoration occurred, not pneumonic in character. Aromatic sulphuric acid was unavailingly employed. Pills of acetate of lead and opium seemed to have but little effect. The legs became more œdematous; and the thighs, at last, extremely so. The scrotum and the integuments of the penis were largely infiltrated. The great discomfort arising from the distention of the scrotum was considerably relieved by a suspensory bandage, but, on June 18th, puncture was resorted to, and a large amount of serum drained away. Dr. Blake saw the patient at this time, and suggested the use of the acetate of potash in conjunction with vinegar of squills, which was tried. Also parsley-water (*Petroselinum sativum*) as a drink.

June 19th.—A hot air-bath was given, and profuse diaphoresis resulted. Jalap and cream of tartar, in combination, had been previously administered, at intervals, as the most appropriate cathartic.

20th.—At 6½ o'clock, A.M., the House Officer was called and found the patient moribund. He had seemed to be in good spirits during the morning, and had conversed freely with fellow-patients, but suddenly, without any known cause, made three or four full inspirations, and then fell into the following condition:—The respiration had ceased. Heart's sounds heard, though very faintly; radial pulse imperceptible; some lividity of the hands; pupils widely dilated. Artificial respiration was made use of, and one full inspiration—unfortunately the last—was obtained. Stimulants, of course, were given at once. During his illness, the patient had taken, at various times, gin, sherry and brandy.

The results of the *post-mortem* examination, which was made by Dr. Swan, nine hours after death, are highly interesting, and the specimens were exhibited by him to the Society. The following is his account.

Body anasarcaous. Lower extremities highly œdematous; penis and scrotum much infiltrated; left arm moderately œdematous, right but little so. Abdomen distended. Superficial cicatrices, the result of distention, upon the lower half of abdomen and upper portion of thighs. Lividity of face, neck, shoulders and arms. Rigor strong. Pericardium distended by upwards of four pints of fluid of the color of prune-juice, or a strong decoction of coffee. The unopened sac, as it lay, measured, in its long diameter, in the direction of the axis of the heart, nine inches; at right angles to this in the same plane, seven inches; on the median line of the body, somewhat less. The sac was considerably thickened; its inner surface roughened with thin, irregular fibrinous deposits and discolored by different shades of patchy redness, with intermediate smooth portions of a pale greenish yellow. In the crypts about the base of the heart the fibrin was in lumpy masses, curdy and friable, greenish within, brownish at the surface. A thick mass behind the entrance of the right veins had the brown tinge throughout, as if at this point blood had escaped through it to discolor the serum. On the ventricles, the deposit was in the form of interrupted streaks or islands, with a trend towards the apex, and was most abundant on the left. Wherever fibrin adhered, its seat frequently corresponded with sharply defined ulcerative loss of the serous

membrane. The heart was well, excepting the folds of the aortic valve, which were opaque and somewhat stiffened and thickened. The contiguous sides of two of the folds were extensively fused together, and appeared to have afterwards become atrophied behind the limit of adhesion, so as to form approximately one large free pouch, apparently as efficient as if its elements had remained separate. Rather general old adhesions between the right pleural surfaces; a few firm bands in the left cavity. The latter contained a quart of ordinary serum. Three large nodular apoplectic effusions occurred in, respectively, the right upper and lowest and left lower lobes of the lungs. The deposit in each case occupied the postero-inferior portion of the lobe. Larynx and epiglottis healthy. Sixteen pints of brownish-amber-colored serum in the abdominal cavity. Liver large; well-marked nutmeg appearance. Bile dark. Spleen of medium size, quite firm. Kidneys remarkably firm, but presented nothing abnormal, either in gross or microscopic appearance. Mucous membrane of stomach red from injection of its vessels.

Dr. Swan remarked, in addition, that, with the existence of a comparatively slight amount of valvular disease of the heart, as compared with the anasarca condition of the body, the question arises whether the latter may not have been due to the pressure of the fluid in the distended pericardium upon the venous orifices of the heart, or upon the organ itself: due, that is, to a mechanical cause—especially in the absence of renal disease.

CASE IV.—*Ascites; Edema; Paracentesis Abdominis; Amendment.* Catherine McM., an Irish servant, entered the City Hospital July 19th, 1867. No hereditary tendencies to disease could be ascertained. Her health had always been excellent until she came to this country, seventeen years ago, when she contracted intermittent fever. There have been occasional attacks since. Three years ago, she entered the Massachusetts General Hospital, with dropsy, and was discharged well in six weeks. Six months since, her abdomen began to swell, and for three weeks just previous to her admission into the City Hospital, the feet, legs and face became swollen.

On exertion, she has much palpitation of the heart; there is no pain complained of; jaundice has never been manifested. Hæmorrhoids have been troublesome. The catamenia ceased eight years ago.

At the first visit, she was sitting up; the abdomen was greatly distended and there was very marked fluctuation. The lower limbs were highly œdematous, pitting deeply on pressure. Countenance anæmic; respirations 20 in the minute; pulse 100; tongue natural; appetite good; no defection for seven days.

July 25th.—Dyspnœa being quite troublesome, the abdomen was tapped, and twenty-six pints of a clear, yellow fluid were removed. On careful examination, subsequently, nothing abnormal could be discovered within the abdomen. At night, the patient complained of soreness about the puncture.

26th.—Dizziness and slight abdominal tenderness were reported.

29th.—No defection for seven days. Powdered jalap and bitartrate of potash were ordered—ten grains of the former with a drachm of the latter.

30th.—The orifice made by the trocar re-opened to-day. A large amount of fluid escaped, soaking the mattress and dropping upon the

floor beneath the bed. Patient feels somewhat weak and complains of dizziness; pulse 88.

On the 1st of August, Dr. F. E. Oliver took charge of the wards, and directed for this patient the following:—Tincture of digitalis, five drops; tincture of squill, ten drops to be administered thrice daily.

August 3d.—The patient thinks the amount of urine increased—no measurement recorded.

7th.—Feels stronger and looks better.

9th.—Swelling less.

14th.—Has cream of tartar water to drink.

29th.—Swelling is again recorded as much diminished.

Sept. 6th.—The patient's condition is much the same; she is in all respects comfortable; is up and about the ward during the day, and sleeps well at night. Her appetite is good, and her bowels quite soluble. She measures 44 inches around the fullest part of the abdomen.

From the first, the cause of the ascites was supposed to be organic disease of the heart, although no little obscurity existed. There was a generally anæmic aspect, but slight lividity of the lips, suggesting cardiac trouble, although nothing abnormal was detected by the physical examination.

There was no evidence of hepatic disease; nor did several analyses of the urine disclose anything in that direction.

Oct. 22d.—The patient has improved in general health, although some abdominal fluctuation still exists.

Bibliographical Notices.

Injuries of the Spine. With an Analysis of nearly four hundred Cases.

By JOHN ASHURST, JR., M.D. Philadelphia: J. B. Lippincott & Co. 1867. Pp. 127.

Contributions to the Pathology, Diagnosis and Treatment of Angular Curvature of the Spine. By BENJAMIN LEE, M.D. Philadelphia: J. B. Lippincott & Co. Pp. 129.

THE first of the above-named essays consists of an exceedingly careful analysis of 394 cases of injury of the spine. It is mainly numerical, but is interspersed with critical and theoretical comments, and with historical references.

The author's statements as regards treatment are so interesting and judicious, that the following abstract will be found worthy of perusal.

After giving a tabular view of the results of "extension" in 44 cases, and of "general treatment" in 117 cases, he says:—

"It will thus be seen that the proportion of deaths has been almost three times as large when general treatment has been exclusively used as when extension has been employed. The results of those cases which have survived, have also been, as a rule, more satisfactory after extension than without it.

"It seems to me that the inference is fully warranted, that extension (combined, of course, with rotation or pressure as required) should be employed in every case of dislocation of the spine, or of fracture with dislocation. If the diagnosis is not clear, it would be

better to adopt this method of treatment than to reject it, and I should be disposed to try it in every case where there was either shortening or marked angular displacement.

"Looking in the same way at the operation of resection, we find that it has been practised in 24 cases, rejecting two in which other mortal lesions were present. General treatment alone has been employed in 184 analogous cases—i. e., fractures, and fractures with dislocations. The proportion of deaths after resection is nearly 6 per cent. greater than when general treatment alone has been employed. Moreover, in those cases that survived, the proportion of recoveries was much larger when general treatment alone was employed; there being, in fact, *not one well-authenticated instance of recovery after spinal resection.*

"Is the inference then unwarranted that resection is an operation not to be recommended, either with a view of saving life, or as a means of improving the patient's condition?"

Of the book with the second title above given, we cannot speak favorably. The great advances which have been made in the treatment of spinal distortions by the abandonment of local applications, "setons, issues, moxas, cautery," and the adoption of mechanical appliances to relieve pressure or ensure rest, have also made every instrument-maker believe himself qualified to treat spinal disease, encouraged "movement cures" and gymnastic institutes for Pott's disease, and filled our newspapers with advertisements and illustrations of supporters and shoulder-braces.

Without classing the book of Dr. Lee in the above category, his loose assertions and his exaggerated slurs at the ignorance and incompetency of physicians, his tirades against the "vermifuges of the old school" and the "bismuth of the new," with which practitioners treat incipient spinal disease, because they do not recognize the fact that gastralgia, and not tenderness along the spine, is the first symptom of its approach, are considerations which do not enlist our sympathy for the work before us. Much of the volume is excellent, one chapter consisting of an essay recommended for publication by the Prize Committee of the American Medical Association, "the accidental disclosure of the author's name having excluded it from competition." The observations on mechanical treatment are, however, evidently the result of considerable experience, and were not the general tone of the writing so exceedingly unpleasant (so suggestive of "shop," in fact), we have no doubt that this book would be largely read and its suggestions profited by.

Notes on the Origin, Nature, Prevention and Treatment of Asiatic Cholera. By JOHN C. PETERS, M.D. Second Edition, with an Appendix. New York: D. Van Nostrand. 1867.

THE favorable opinion of this little work which we expressed on the appearance of the first edition, is confirmed and enhanced by the second. An Appendix of some forty pages contains a good deal of information relating to the epidemic of 1865-66, and the more recent opinions on the causation and the pathology of cholera. Some of these last points are by no means settled yet, but the more recent theories are very properly here introduced, and are of value in this

place historically, if for no other reason. The last pages of the Appendix are devoted to Homœopathy and Cholera; and as Dr. Peters was once a homœopathist himself, if we are rightly informed, on the *ex-perto crede* principle his statements are of special interest. The second edition, like the first, is very well printed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, OCTOBER 24, 1867.

THE "HIGH PRESSURE" SYSTEM OF STUDY IN OUR COMMON SCHOOLS.

The school system of New England is at the present moment our glory and our shame. We feel a just pride, that among us education is accessible to all, because our public schools are open to the humblest persons. But, in our zeal for general instruction, we sometimes forget that a majority of men and women must labor with their hands, that the world may not stand still, and that all may not lose by disuse the power to labor. We cannot train all our boys to be statesmen and divines, nor all our girls to be authors and lecturers or even teachers. We ought not, therefore, to drive them into the false position of expecting to attain, by extraordinary effort, a place which neither nature nor circumstances have made possible. Many unfortunate children have been ruined for life, in body and mind, by being stimulated with various inducements to make exertions beyond their age and mental capacity. A feeble frame and a nervous temperament are the too sure consequences of a brain overworked in childhood. Slow progress, rather than rapid growth, tends to establish vigor, health and happiness.

These are the words of Dr. Jacob Bigelow. They find an echo, we are assured, in the sentiments of most, if not all, family practitioners in this city, and it behooves us to impress their meaning and importance upon all concerned. Somewhat has been said in various quarters upon the subject; but the public has yet to be educated up to a due sense of its claims upon their attention. Self-made men who look back upon their childhood with its scanty means of learning, limited perhaps to three months teaching in the year at the little brick school house in the country, have seized eagerly upon every opportunity of instruction for their children, erroneously supposing that they could scarcely be taught too much. A crusade is attempted to be set up, by some individuals, against corporal punishment in the schools. Excesses in this direction should doubtless be checked. But, we consider the overworking of the brain, and the consequent enfeebling of both mental and bodily powers, a worse thing than an over-stimulus applied to the nervous periphery by the rattan; worse than even the cruel abuse of the rod or the ferule. The effect of the one may be permanent—that of the other is usually temporary. So far as the male pupils are concerned, we should say that a boy who would not prefer a moderate flogging to the loss of a half-holiday, was one of the wrong sort, and would never make his mark in the world. At all events, if we abate the requirements of study, we thereby diminish the incentives to corporal punishment. Let the pale-faced and spectacled youth cease to be considered as "interesting" as he who shows us a properly cultivated understanding with a ruddy brow and a muscular frame.

The evil we speak of is indeed a serious one. Undermining health and vigor, it impairs the manliness of our youth, and unfits girls for the strain of domestic cares and toil which awaits them. Anxiety about to-morrow's lessons becomes often as harassing to the young scholar as the responsibilities of later years to the adult, and the struggle for position in the school as trying as that for the prizes of manhood; while weariness of effort is liable to set in, before the inevitable and more important tasks of life are encountered. Childhood is stripped of its principal charm—ceases to be childhood.

Acting in the double capacity of family medical advisers and of members of the school committee, many of our profession in this city are peculiarly well situated for appreciating the working of this thing. And sometimes their attention is called to the matter by the experience of their own families. For example, a medical friend a few years ago informed us that he had withdrawn his son from the grammar school he had been attending—and had done it without a day's notice. The father was deaf to the importunities of both teacher and child, the latter expecting a diploma, and the former wishing to retain and subsequently promote the boy for the credit of her class. The child's ambition had been so fostered and wrought up that his studies had become the one absorbing subject of his thoughts. His nights were wakeful, and he slept only to dream of his lessons. Meanwhile, his body was wasting. Appetite and strength were failing. Banishment to the country, with the sacrifice of the diploma and the promotion, saved the patient. This is not an isolated instance. Similar cases, lacking only the wise parental interference, furnish a large and never-failing crop of permanently enfeebled individuals. And, generally speaking, we should say the physique of those of either sex who go through the entire grammar school course in this city is below par. Nay, the evil is not limited altogether to the pupils. Teachers themselves sometimes break down under the excitement induced by their share in carrying out the high pressure system. Instances of this have come under our personal observation.

If it be asked who is to blame for all these excesses, we answer—*everybody*; but *least* of all, perhaps, the *teachers*! The public and the school committees we hold to be chiefly responsible. The teachers are, in the main, only the exponents and agents of a system. That system has been brought about by the public demand for the greatest amount of instruction in the fewest number of years. The demand has been, of course, supplied. Instruction has in a measure superseded true education—or the *leading up* of the powers to a healthy and well-developed standard. By a process of *cramming*, the brains of pupils have been made to teem with laboriously conned pages—and school examinations are brilliant. Distinguished strangers are taken to our public schools, and fan the fires of our vanity by their praises of what they see and hear. The "City Fathers" exhibit the school children as their "jewels." For ourselves, however, when we go to the annual festival, and see the long lines of wan and puny specimens of humanity file up to take the hand of "His Honor the Mayor," our pride is excited less than our commiseration.

With all due respect for our former and most agreeable associates on the School Committee, we must consider that with that Board rests the largest share of the responsibility for the present state of things. For, if this band of intelligent and disinterested gentlemen, who have been chosen by their fellow-citizens

to be the custodians of education, were to unite in pronouncing the present system of instruction too exacting and extended, the public, we fully believe, would acquiesce. And we cannot see that the teachers would have any motive of opposition to the movement. It would surely be easier for them to cultivate a small field than a large one; to drill their pupils to appear well at examination upon a moderate course of study, than upon an extensive one. But school committees seem to be sadly infected with the mania for teaching over-much. The question has been up before them, resulting only, or chiefly, in decrees limiting the lessons required to be learned out of school. Such ordinances are as nugatory as sumptuary laws, so long as sufficient restrictions are not laid upon the number of pages which are to be mastered in the year. However stringent the rules may be forbidding home lessons, if the daily tasks are too long or too numerous to be accomplished during school hours, the books will be taken home. The abolition of the city medals in the girls' department is a step in the right direction; but does not strike at the root of the evil. We want a *radical* reform—viz., moderate tasks well done, in place of excessive requirements necessitating over-work.

The question, however, has begun to be agitated, and though, as we are about to show, official action has thus far been against us, we fully believe that good hygiene and good sense will ultimately prevail.

In 1865, a Committee appointed to "revise the list of studies required in the public schools, and ascertain what branches may be curtailed or omitted without detriment to the schools, and for the physical good of the pupils," made a report, from which we take the following extracts:—

In order to aid them in their duties, they sent a circular to the master of each school, containing such questions as they deemed necessary to aid them in their investigations; among which were the following: Do you give any lessons to be learned out of school? Have there been instances, in your school, of girls injuring their health, slightly or seriously, by excessive application to study demanded of them by the amount of study required? If so, how many?

From the answers thus elicited, the Committee came to the conclusion that very few, if any, pupils have seriously injured their health in learning the lessons at present required of them, and that the rules and regulations governing the out-of-school lessons have generally been complied with.

In relation to the studies which might be curtailed or omitted without detriment to the schools—assuming probably that a curtailment or omission was to be made—some masters named one branch, and some another, while others seemed clearly of the opinion that the list is well enough as it is. * * *

It cannot be expected that in a body of twenty-seven thousand pupils (the number attending our public schools), *all* should be healthy and sound in constitution.

There may be some whose mental or physical condition is such as to make it impossible for them to keep up with their classes in the prescribed studies. Any considerable effort, either of body or mind, prostrates them, and they would be "*out of health*" if they did nothing. *These* are the *exceptions*, not the general rule, and it does not seem advisable to lower the standard of instruction in the schools to meet these exceptional cases.

With the hygienic supervision of the teachers, and the well-regulated physical exercises daily practised, it is more probable that the health of the pupils in the aggregate is improved rather than injured by their attendance at school.

With reference to these statements we would say that, without in any way impugning the good faith of the teachers who have responded as above, we must believe that they were under the influence of a certain unconscious bias in favor

of a system which has been the subject of much laudation, and on which they have bestowed much labor. At all events, their evidence is negative, and cannot stand in opposition to positive. The teacher, immersed in the engrossing details of instruction, has but slight opportunities of investigating the health of the pupils, and would hardly be aware when their physical condition were suffering, except in those instances where individuals completely break down. And we all know that in this community, when the pride is aroused, parent and scholar will persevere until the vital forces snap asunder.

The Committee think that the cases of injury to health from over-study, if any exist at all, are very few. As we have said, many of the medical attendants of the school children are fully convinced to the contrary; and some at least among us believe that the "health of the pupils in the aggregate" is decidedly below what it should be. But, we quote again:—

Some of the masters suggested that Physiology and Philosophy might be discarded.

If all the schools were composed of one class of pupils, to which allusion has already been made, or if all could attend the High Schools, this might be done.

But as the pupils of some schools can successfully pursue these as well as the other branches, and as so few comparatively can attend any other than the Grammar School, it does not seem right to deprive them of the benefit they would receive from the prosecution of these studies.

The comparatively slight knowledge which they would acquire of physiology would exceedingly interest them, and might prevent them from violating some important law of nature by which their health would suffer.

A single lesson in philosophy might excite thoughts and ideas in some minds which would produce results beneficial to the whole community.

In relation to this point, we cannot but think that boys and girls, instead of spending time (not already occupied with arithmetic, geography, &c.) in studying theoretical physiology from books, *ipso facto* disobeying the requirements of that science, would do better to learn practically the normal action of some of the bodily functions by exercising those functions in the open air.

As to the "thoughts and ideas" excited by "a single lesson in philosophy," we fear that in the child's mind they would be good seed falling upon a thin soil, where they would soon wither and die.

Some of the positions we have taken are sustained in the following extracts from a minority report presented by our respected *confrère* Dr. Geo. Hayward.

It is with sincere regret that I feel compelled to express a different opinion from that of the other members of the Committee whose report has just been read.

* * * I have read the letters received by the Committee from the masters of the several schools, in answer to the circular sent, with much attention; and from them, and from my own observation of the pupils in the schools, I have come to the conclusion that reformation is needed in the studies required to be learned by the pupils in the Grammar Schools.

In the first place; it is evident from these replies of the masters that, while no lessons are actually assigned to the girls to be studied out of school, yet, that it is absolutely impossible for the lessons which are required to be learned to be prepared by them, unless they do so study; and that thus the spirit of the order of the School Committee, intended to prevent girls from studying out of school, is constantly being violated.

Some of the masters state that the course prescribed by the school regulations could be accomplished without requiring the girls to study out of school, but that it is impossible to prepare them to pass the examination for the Girls' High and Normal School without doing so. * * *

A teacher in one of these schools, speaking of the "averages" containing the

relative proportion of the scholars from the different Grammar Schools in the High Schools, and their standing, says:—

"While this system of 'ranking' continues, and all teachers are putting forth their most earnest efforts, the less fortunate children must necessarily be subjected to feverish excitement and over-work, or the school, and all connected with it, must suffer *recorded* and *printed* disgrace; . . . and it seems to me that the Board ask too much in practically requiring a teacher to choose between disobedience to orders and loss of professional reputation, through their printed tables, scattered broadcast through this and other lands."

Another teacher writes:—"There are some limitations in certain studies which I think advisable, and which would lessen the amount of study required. 1. The time given to Arithmetic, especially in schools for girls, is excessive. This is owing partly to the standard for admission in that branch to the Girls' High and Normal School, which is considerably higher than that for the admission of boys to the English High School. The evil might be remedied by changing the standard for admission in that branch, and by specifying certain subjects to be omitted, viz.: Alligation, Arithmetical and Geometrical Progression, Annuities, Equation of Accounts, Exchange, and, perhaps, Square and Cube Roots"!!

Remember that this is proposed to be taken from the requirements in only *one* branch of study; and remember, too, that these studies are, for the most part, learned by girls of from thirteen to fifteen years of age—one of the most critical periods of a woman's life; and upon her preserving her health, at which time, her whole future well-being may depend; and then decide whether we, as a Committee, have a right to task the brains of growing girls at that tender age, with studies suited to full-grown men; studies, too, which, in nine cases out of ten, will be of no use to them after they have left school, unless they become teachers.

I have often had complaints made to me by parents that their children were required to study too much in the public schools, but for this the public have only themselves to thank. At the present time, public opinion in Boston requires, as Mr. Dombey did for his son, that the children in the schools should be taught *"everything."*

In proof of this, a letter was received by this Committee, in answer to their circular, from one of the masters, stating—to show what difficulty he had in preventing girls from studying out of school when they were not fit to do so—that one girl, whom he had compelled to leave her books at school in order to prevent her from studying at home, was provided with a new set of books by her mother, so that she could pursue her studies out of school, although that mother knew her child was seriously injuring her health by so doing. The excuse was, "that the nervousness occasioned to the girl by the fear of the loss of the coveted medal injured her more than the excessive study."

With regard to the Boys' Schools the evil seems not to be quite so great as in those of the girls, owing partly to their health not being so liable to suffer, and partly to their out-of-door sports. One of our ablest and most experienced teachers, however, writes:—"I think that the standard expected in all of these branches (those taught in the first class) cannot be reached by the pupils of the first division of this school, without requiring more time spent in preparation *out of school* than would be conducive to the health or happiness of the pupils."

In so far as the influence of the Normal School may be concerned in promoting this evil, we should suppose that it might be done away with by one of two expedients: that is, by lengthening its course and lowering its standard of admission; or else by requiring that those who intend to enter the more advanced institution should remain a year longer in the Grammar Schools than at present. It is not for us, however, to point out the method of accomplishing the object in view, but only to insist upon the importance of that object, bearing in mind that where there is a *will* there is a *way*.

It may not be improper to add that the Normal School course of study has been found to be less laborious than the Grammar School preparation for it.

Extraordinary Fecundity.—Dr. Becker-Lawrich de Ronneburg communicates to the Society of "Gynæcologie," under the title of extraordinary fecundity, the history of a woman married twelve years, and now pregnant for the nineteenth time. At the outset, she was confined at the full term; then she aborted nine times in succession at four months * * * was delivered subsequently at eight months; and after that aborted anew seven times in succession at the fourth month. At the present time she is again pregnant, but alleges that she feels the precursory symptoms of abortion, such as a sero-sanguinolent discharge, &c. With her numerous and fatiguing occupations, it is not probable that she will now go to the full term. Nevertheless, in spite of the copious hemorrhage which accompanies her miscarriages, and which have often endangered her life, she is fat and well nourished.

Carbolic Acid as a Gargle in Diphtheria.—Charles Sedgwick, Esq., Hollingbourn, Maidstone, England, in a communication to the *Medical Times and Gazette*, on carbolic acid in diphtheria, says:—

I usually give it in the form of a gargle, but in children, by swabbing the throat out freely with it on a piece of sponge. When the disease has been taken early, I have not failed in a single case, but have lost some where it had gone too far for medical treatment to be of any service. Carbolic acid has a decided effect upon the false membrane thrown out. The following is the form I usually prescribe:—*R.* Acidi carbolici, Mxx.; acidi acetici, f3ss.; mellis, 3ij., tinct. myrrhæ, f3ij.; aquæ, q. s. M. Ut fiat gargarissima, f3vi. The carbolic and acetic acids to be well shaken together, the honey to be added to the water gradually. With it I usually give tincture of iron and quinine.—*Canada Medical Journal.*

A RECEPTION supper was given on the 19th ult. by the medical profession of Baltimore to Prof. N. R. Smith, on the occasion of his return from a short visit to Europe.

Dr. William A. Hammond, formerly Surgeon-General of the Army, has been appointed to the charge of the department of the diseases of the mind and nervous system in Bellevue Hospital, New York.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, OCTOBER 19th, 1867.
DEATHS.

	Males.	Females.	Total.
Deaths during the week - - - - -	37	39	76
Ave. mortality of corresponding weeks for ten years, 1856-1866	34.6	40.1	74.7
Average corrected to increased population	00	00	82.48
Deaths of persons above 90 - - - - -	0	0	0

COMMUNICATIONS RECEIVED.—Puncture of the Bladder above the Pubis.—Catarrh.

BOOKS RECEIVED.—Synopsis of the Course of Lectures on Materia Medica and Pharmacy, delivered in the University of Pennsylvania; with five lectures on the *Modus Operandi* of Medicines. By Joseph Carson, M.D. Fourth Edition, revised. Philadelphia: Henry C. Lea. 1867.

DIED.—At Harrison Square, Dorchester, Oct. 21st, Noah Fifield, M.D., aged 85 years.

DEATHS IN BOSTON for the week ending Saturday noon, Oct. 19th, 76. Males, 37—Females, 39. Accident, 1—disease of the bowels, 1—bronchitis, 4—burns, 1—cancer, 1—cholera infantum, 2—consumption, 13—convulsions, 2—croup, 1—debility, 1—diarrhœa, 6—diphtheria, 1—dropsy, 3—dropsy of the brain, 3—dysentery, 2—erysipelas, 1—scarlet fever, 5—typhoid fever, 1—gangrene, 1—disease of the heart, 2—disease of the kidneys, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 2—old age, 1—paralysis, 2—premature birth, 4—puerperal disease, 1—tabes mesenterica, 1—unknown, 9.

Under 5 years of age, 28—between 5 and 20 years, 7—between 20 and 40 years, 19—between 40 and 60 years, 17—above 60 years, 5. Born in the United States, 54—Ireland, 15—other places, 7.